Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 1 of 37

Official Form 1, Exhibit D (10/06)

# **United States Bankruptcy Court Eastern District of Virginia**

In re	Majeda N. Alsabagh			08-13252
		Debtor(s)	Chapter	7

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.] \_\_\_\_

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 2 of 37

# Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or
mental deficiency so as to be incapable of realizing and making rational decisions with respect to
financial responsibilities.);
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being
unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or
through the Internet.);
☐ Active military duty in a military combat zone.
□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling
requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: _	/s/ Majeda N. Alsabagh	
_	Majeda N. Alsabagh	•

Date: \_July 11, 2008

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 3 of 37

B6A (Official Form 6A) (12/07)

In re	Majeda N. Alsabagh		Case No	08-13252	 
-		Dehtor	•		

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

1929 Mariner Lane, Woodbridge, VA 22192	Fee Simple	-	240,000.00	315,000.00
Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Sub-Total > **240,000.00** (Total of this page)

Total > 240,000.00

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 4 of 37

B6B (Official Form 6B) (12/07)

In re	Majeda N. Alsabagh			Case No	08-13252	
	<u> </u>					
•		Debtor	-/			

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N Description at E	nd Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash on hand		-	40.00
2.		Checking Account w/ Wa	chovia	-	136.00
	accounts, certificates of deposit, or shares in banks, savings and loan,	Checking Account w/ Pro	vident	-	1,000.00
	thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Savings Account w/ Prov	ident	-	200.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	x			
4.	Household goods and furnishings, including audio, video, and computer equipment.	Microwave, Dining Set, Ta Beds, Dressers, Night Sta Electronics, Sofas, Lamp Household Appliances &	ands, TV, s, Small	-	4,250.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Books, Pictures, Small Household Items		-	250.00
6.	Wearing apparel.	Debtors' Clothing		-	650.00
7.	Furs and jewelry.	Rings, Bracelets, Earring Costume Jewelry	s, Watch,	-	1,000.00
8.	Firearms and sports, photographic, and other hobby equipment.	x			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	Term Life Insurance w/ Fa	armer's	-	10.00
10.	Annuities. Itemize and name each issuer.	x			
				Sub-Tota	al > <b>7,536.00</b>
			(To	otal of this page)	·

2 continuation sheets attached to the Schedule of Personal Property

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 5 of 37

 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

In	re Majeda N. Alsabagh		,	Case No.	08-	13252
			Debtor			
		SC	HEDULE B - PERSONAL PROPER (Continuation Sheet)	RTY		
	Type of Property	N O N E	Description and Location of Property	V Jo	sband, Vife, oint, or amunity	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х				
2.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X				
3.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X				
4.	Interests in partnerships or joint ventures. Itemize.	X				
5.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X				
6.	Accounts receivable.	X				
7.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X				
8.	Other liquidated debts owed to debtor including tax refunds. Give particulars	S.	Federal & State Income Tax Refunds		-	10.00
9.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X				
	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X				
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X				
			(	Total of thi	Sub-Tot s page)	al > 10.00

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 6 of 37

 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and	199	8 Dodge Van	-	2,000.00
	other vehicles and accessories.	200	1 Chevrolet Cavalier	-	3,000.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > (Total of this page)

5,000.00

Total > 12,546.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 7 of 37

B6C (Official Form 6C) (12/07)

In re	Majeda N. Alsabagh		. Case No	08-13252	
		<b>5.</b> 1	,		

Debtor

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$136,875.
☐ 11 U.S.C. §522(b)(2)	
■ 11 U.S.C. §522(b)(3)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property 1929 Mariner Lane, Woodbridge, VA 22192	Va. Code Ann. § 34-4	10.00	240,000.00
<u>Cash on Hand</u> Cash on hand	Va. Code Ann. § 34-4	40.00	40.00
Checking, Savings, or Other Financial Accounts, C Checking Account w/ Wachovia	ertificates of Deposit Va. Code Ann. § 34-4	136.00	136.00
Checking Account w/ Provident	Va. Code Ann. § 34-4	1,000.00	1,000.00
Savings Account w/ Provident	Va. Code Ann. § 34-4	200.00	200.00
Household Goods and Furnishings Microwave, Dining Set, Tables, Chairs, Beds, Dressers, Night Stands, TV, Electronics, Sofas, Lamps, Small Household Appliances & Housewares	Va. Code Ann. § 34-26(4a)	4,250.00	4,250.00
Books, Pictures and Other Art Objects; Collectibles Books, Pictures, Small Household Items	S Va. Code Ann. § 34-4	250.00	250.00
Wearing Apparel Debtors' Clothing	Va. Code Ann. § 34-26(4)	650.00	650.00
Furs and Jewelry Rings, Bracelets, Earrings, Watch, Costume Jewelry	Va. Code Ann. § 34-26(1a) Va. Code Ann. § 34-4	300.00 700.00	1,000.00
Interests in Insurance Policies Term Life Insurance w/ Farmer's	Va. Code Ann. § 34-4	10.00	10.00
Other Liquidated Debts Owing Debtor Including Ta Federal & State Income Tax Refunds	<u>x Refund</u> Va. Code Ann. § 34-4	10.00	10.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 1998 Dodge Van	Va. Code Ann. § 34-26(8)	2,000.00	2,000.00
2001 Chevrolet Cavalier	Va. Code Ann. § 34-4	500.00	3,000.00

Total:	10.056.00	252.546.00

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Page 8 of 37 Document

B6D (Official Form 6D) (12/07)

•	_
Debtor ,	

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated" in the column labeled "Unliquidated" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	l.,	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	U D I S I P Q U T I E D A	CLAIM WITHOUT DEDUCTING VALUE OF	UNSECURED PORTION, IF ANY
Account No. 3640031064199  Aurora Loan Services Attn: Bankruptcy Po Box 1706 Scottsbluff, NE 69363		-	Opened 6/01/05 Last Active 12/05/07 ConventionalRealEstateMortgage	T	A T E D		
Account No.  Aurora Loan Services 10350 Park MEadows Drive Littleton, CO 80124		-	Value \$ Unknown  Mortgage  1929 Mariner Lane, Woodbridge, VA 22192			255,979.00	Unknown
Account No. 92013925  Countrywide Home Lending Attention: Bankruptcy SV-314B Po Box 5170 Simi Valley, CA 93062		-	Value \$ 240,000.00  Opened 4/01/05 Last Active 12/26/07  ConventionalRealEstateMortgage  Value \$ Unknown			250,000.00 145,459.00	10,000.00
Account No. 86397  Fifth Third Bank C/O Bankruptcy Dept, Mdropso5 1850 East Paris Grand Rapids, MI 49546		-	Opened 11/01/06 Last Active 5/27/08  Automobile  Value \$ 0.00			3,006.00	3,006.00
continuation sheets attached		1		Subt		654,444.00	158,465.00

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 9 of 37

 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

In re	Majeda N. Alsabagh		Case No	08-13252	
_		Debtor			

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Hu H W J C	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN	CONTINGEN	UNLIQUIDA	U T E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Purchase Money Security	Ť	D A T E D			
Third Fifth Bank 425 Phillips Blvd., Trenton, NJ 08618		_	2001 Chevrolet Cavalier					
Account No. <b>65465414315270001</b>	_		Value \$ 3,000.00  Opened 6/01/05 Last Active 12/27/07	+	┢	╁	2,500.00	0.00
Wells Fargo Bank Nv Na Po Box 60510 Los Angeles, CA 90060		_	CreditLineSecured					
			Value \$ Unknown				63,971.00	63,971.00
Account No.  Wells Fargo Financial P.O. Box 13460 Philadelphia, PA 19101-3460		_	PMSI 1929 Mariner Lane, Woodbridge, VA 22192					
			Value \$ 240,000.00				65,000.00	65,000.00
Account No.			Value \$					
Account No.			Value \$					
Sheet 1 of 1 continuation sheets attack		d to		Sub			131,471.00	128,971.00
Schedule of Creditors Holding Secured Claims			(Report on Summary of So	7	Γota	al	785,915.00	287,436.00

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Page 10 of 37 Document

B6E (Official Form 6E) (12/07)

In re	Majeda N. Alsabagh		Case No	<u>08-13252</u>
_	<u> </u>	,		
		Debtor		

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total

priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 11 of 37

B6F (Official Form 6F) (12/07)

In re	Majeda N. Alsabagh		Case No	08-13252	
		Debtor	•		

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	С	Hu	sband, Wife, Joint, or Community		: [	J	П	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C   N   T   N   C   E   N   N   C	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓	֓֞֟֝֟֝֟֝֟֝֟֝֓֓֓֓֓֓֓֓֟֝֓֓֓֟֝֓֓֓֓֟֝֓֓֓֓֟֝֓֓֓֓֓֡֝֡֝֡֝֓֡֝֡֝֡֡֡֡֝֡֡֝֡֡֡֡֝֡֡֡֝	3	AMOUNT OF CLAIM
Account No. 862			Opened 5/01/06	ij	É   C	-	ſ	
Bank of America Attn: Bankruptcy NC4-105-02-99 Po Box 26012 Greensboro, NC 27410		-	Credit Card					19,859.00
Account No. 1963			Opened 9/01/02		+		1	
Bank of America Attn: Bankruptcy NC4-105-02-99 Po Box 26012 Greensboro, NC 27410		-	Credit Card					4,599.00
Account No. 542418055354  Citi Attention: Bankruptcy Po Box 20507 Kansas City, MO 64915		_	Opened 9/01/02 Credit Card					
								8,448.00
Account No. 6035320206945436  Citibank Usa Attn.: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195		_	Opened 4/01/06 Charge Account					7,419.00
<b>2</b> continuation sheets attached	<b>.</b>		(Total	Sul of this				40,325.00

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 12 of 37

B6F (Official Form 6F) (12/07) - Cont.

In re	Majeda N. Alsabagh		Case No	08-13252	
_		Debtor			

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16	1		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)		H W J C	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXFLXGEX	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 601100370031			Opened 6/01/02 Credit Card		E D		
Discover Financial Attention: Bankruptcy Department Po Box 3025 New Albany, OH 43054		1	Credit Card				4,341.00
Account No. <b>426684112986</b>			Opened 2/01/07				
First Usa,na Attention: Correspondence/Bankruptcy Po Box 15298 Wilmington, DE 19850		-	Credit Card				7,318.00
Account No. 603220702017			Opened 10/01/00		Ī		
GEMB / Walmart Attention: Bankruptcy Po Box 103106 Roswell, GA 30076		-	Charge Account				194.00
Account No. <b>462175</b>	$\vdash$		Opened 12/01/02 Last Active 4/10/08	+	$\vdash$	H	
JC Penney Attention: Bankruptcy Department Po Box 103106 Roswell, GA 30076		-	ChargeAccount				479.00
Account No. <b>5121071832184976</b>	$\vdash$		Opened 3/01/01	+	$\vdash$	$\vdash$	
Sears/cbsd Po Box 6189 Sioux Falls, SD 57117		-	Credit Card				7,135.00
Sheet no. 1 of 2 sheets attached to Schedule of	•			Sub	toto	.1	

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 13 of 37

B6F (Official Form 6F) (12/07) - Cont.

In re	Majeda N. Alsabagh	,	Case No	08-13252	 
		Debtor			

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	1.		t twee transfer	<del>Т_</del>		_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	UNLIQUIDATE	$D - \emptyset P \cup H \cup D$	AMOUNT OF CLAIM
Account No. 4501483809			Opened 2/01/03	Т	T E D		
Washington Mutual / Providian Attn: Bankruptcy Dept. Po Box 10467 Greenville, SC 29603		-	Credit Card		D		209.00
Account No. <b>0100613050</b>			Opened 7/01/01	+			
Washington Mutual / Providian Attn: Bankruptcy Dept. Po Box 10467 Greenville, SC 29603		-	Credit Card				
							4,757.00
Account No.							
Account No.							
Account No.				+			
Sheet no. <b>2</b> of <b>2</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	I	(Total of	Subt			4,966.00
The state of the s			(Report on Summary of S	Т	`ota	1	64,758.00

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 14 of 37

B6G (Official Form 6G) (12/07)

In re	Majeda N. Alsabagh		Case No	08-13252	
-		Debtor			

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 15 of 37

B6H (Official Form 6H) (12/07)

_					
In re	Majeda N. Alsabagh		Case No	08-13252	
_		,			
		Debtor			

## **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

# Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 16 of 37

**B6I (Official Form 6I) (12/07)** 

In re	Majeda N. Alsabagh		Case No.	08-13252	
		Debtor(s)			

# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS	OF DEBTOR ANI	O SPOUSE		
	RELATIONSHIP(S):	AGE(	(S):		
Married	Son		2		
	Son		4		
<b>Employment:</b>	DEBTOR		SPOUSE		
	Secretary	Houseman	1		
	airfax County	Marriott			
	Years	3 Years			
	2000 Govt. Cemter Pkwy, #549 airfax, VA 22035-0200				
	rojected monthly income at time case filed)	-	DEBTOR		SPOUSE
1. Monthly gross wages, salary, and c	ommissions (Prorate if not paid monthly)		\$ <b>2,937.70</b>	\$	1,743.30
2. Estimate monthly overtime			<b>0.00</b>	\$ _	0.00
3. SUBTOTAL			2,937.70	\$_	1,743.30
4. LESS PAYROLL DEDUCTIONS					
a. Payroll taxes and social secur	ity		443.39	\$_	0.00
b. Insurance			17.30	\$_	389.13
c. Union dues			0.00	\$_	0.00
	ement	<del></del>	132.20	\$_	151.67
Sum	ner Fund		\$ 415.73	\$_	0.00
5. SUBTOTAL OF PAYROLL DED	UCTIONS	:	1,008.62	\$_	540.80
6. TOTAL NET MONTHLY TAKE I	HOME PAY		1,929.08	\$_	1,202.50
7. Regular income from operation of	business or profession or farm (Attach detailed stat	ement)	\$ 0.00	\$	0.00
8. Income from real property	·		5 0.00	\$	0.00
9. Interest and dividends			\$ 0.00	\$	0.00
10. Alimony, maintenance or support	payments payable to the debtor for the debtor's use	or that of			
dependents listed above	intence	,	\$	\$ _	0.00
11. Social security or government ass (Specify):	istance	:	§ 0.00	\$	0.00
(=F5).		<del></del>	0.00	\$	0.00
12. Pension or retirement income		<del></del>	0.00	\$ <del>_</del>	0.00
13. Other monthly income				· <del>-</del>	
(Specify): Part-time job w	/ Marriott		\$ 1,400.00	\$	0.00
			0.00	\$	0.00
14. SUBTOTAL OF LINES 7 THRO	UGH 13	[:	\$1,400.00	\$_	0.00
	E (Add amounts shown on lines 6 and 14)		3,329.08	\$_	1,202.50
	HLY INCOME: (Combine column totals from line	15)	\$	4,531	.58
	(Papart		66111		

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 17 of 37

B6J (Official Form 6J) (12/07)

In re	Majeda N. Alsabagh		Case No.	08-13252	
		Debtor(s)			

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case.

filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22	The averag	
☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."	ete a separat	e schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,095.00
a. Are real estate taxes included? Yes No _X_	T	· · · · · · · · · · · · · · · · · · ·
b. Is property insurance included? Yes NoX		
2. Utilities: a. Electricity and heating fuel	\$	250.00
b. Water and sewer	\$	70.00
c. Telephone	\$	70.00
d. Other See Detailed Expense Attachment	\$	240.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	995.00
5. Clothing	\$	250.00
6. Laundry and dry cleaning	\$	90.00
7. Medical and dental expenses	\$	90.00
8. Transportation (not including car payments)	\$	575.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	95.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	134.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	200.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other Child Care	\$	300.00
Other	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	4,454.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME	-	. =
a. Average monthly income from Line 15 of Schedule I	\$	4,531.58
b. Average monthly expenses from Line 18 above	\$	4,454.00
c. Monthly net income (a. minus b.)	\$	77.58

	Case 08-13252-SSM	Doc 20	Filed 07/13	1/08	Entered 07	7/11/08 02:05	5:38	Desc Main
B6J (Off	ficial Form 6J) (12/07)	Γ	Document	Pag	ge 18 of 37			
In re	Majeda N. Alsabagh					Case No.	08-13	252
				Debtor	r(s)	_		

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Detailed Expense Attachment

# **Other Utility Expenditures:**

Cell Phone	\$ 150.00
Cable	\$ 90.00
Total Other Utility Expenditures	\$ 240.00

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 19 of 37

B6 Declaration (Official Form 6 - Declaration). (12/07)

# United States Bankruptcy Court Eastern District of Virginia

In re	Majeda N. Alsabagh			Case No.	08-13252	
		De	ebtor(s)	Chapter	7	
	DECLARATION CONCE	ERNII	NG DEBTOR'S SC	HEDULE	SS .	
	DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR					
I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of <a href="mailto:ntext-18">18</a> sheets, and that they are true and correct to the best of my knowledge, information, and belief.						
Date	<b>July 11, 2008</b> Signate	N	s/ Majeda N. Alsabagh lajeda N. Alsabagh Debtor			

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 20 of 37

B7 (Official Form 7) (12/07)

# **United States Bankruptcy Court Eastern District of Virginia**

In re	Majeda N. Alsabagh		Case No.	08-13252
		Debtor(s)	Chapter	7

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$37,841.00 Wages - 2008 \$63,293.00 Wages - 2007

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts*. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

AMOUNT STILL

2

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR
AND CASE NUMBER NATURE OF PROCEEDING AND LOCATION DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DESCRIPTION AND VALUE OF

DATE OF SEIZURE

PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE

ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS DESCRIPTION AND VALUE OF OF COURT DATE OF

OF CUSTODIAN CASE TITLE & NUMBER ORDER **PROPERTY** 

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF RELATIONSHIP TO DESCRIPTION AND DATE OF GIFT PERSON OR ORGANIZATION DEBTOR, IF ANY VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

3

### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Nathan Fisher 3977 Chain Bridge Rd., #2 Fairfax, VA 22030-3308

DATE OF PAYMENT, AMOUNT OF MONEY NAME OF PAYOR IF OTHER OR DESCRIPTION AND VALUE THAN DEBTOR OF PROPERTY June 2008 \$995.00

**Money Management International** May 2008 \$50.00 9009 West Loop South

7th Floor Houston, TX 77096-1719

#### Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Page 23 of 37 Document

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE.

RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

January-March 2008

\$19,500.00 worth of jewelry sold and used to pay for father-in-law's medical care; father-in-law is

4

suffering from brain tumor

**Buyer-Seller** 

Various purchasers

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled None trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

**DEVICE** 

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF **PROPERTY** 

LOCATION OF PROPERTY

# Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 24 of 37

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**NAME** 

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

■ Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

5

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

6

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

# Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 26 of 37

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

7

(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

DATE OF INVENTORY RECOR

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS TITLE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the

commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** 

immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation

in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
DATE AND PURPOSE
OF WITHDRAWAL
OF PROPERTY

AMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated

group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

NAME OF PENSION FUND

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	July 11, 2008	Signature	/s/ Majeda N. Alsabagh
			Majeda N. Alsabagh Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Software Copyright (c) 1996-2007 Best Case Solutions, Inc. - Evanston, IL - (800) 492-8037

Best Case Bankruptcy

8

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 28 of 37

Form 8 (10/05)

# United States Bankruptcy Court Eastern District of Virginia

	Eastern District o	ı virgima			
In re Majeda N. Alsabagh			Case No.	08-13252	
	Debtor	(s)	Chapter	7	
CHAPTER 7 IND	DIVIDUAL DEBTOR'S	STATEME	NT OF INT	ENTION	
I have filed a schedule of assets and liab	ilities which includes debts secur	red by property o	f the estate.		
☐ I have filed a schedule of executory con	tracts and unexpired leases which	includes person	al property subje	ect to an unexpire	ed lease.
I intend to do the following with respect	to property of the estate which s	ecures those deb	ts or is subject to	a lease:	
Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
ConventionalRealEstateMortgage	Aurora Loan Services	Х	•	_	
1929 Mariner Lane, Woodbridge, VA 22192	Aurora Loan Services	Х			
ConventionalRealEstateMortgage	Countrywide Home Lending	Х			
CreditLineSecured	Wells Fargo Bank Nv Na	Х			
1929 Mariner Lane, Woodbridge, VA 22192	Wells Fargo Financial	Х			
Automobile	Fifth Third Bank				Х
2001 Chevrolet Cavalier	Third Fifth Bank				х
Description of Leased Property -NONE-	Lessor's Name	Lease will be assumed pursuan to 11 U.S.C. § 362(h)(1)(A)	t		,
-INUINE-		ľ	1		

Signature /s/ Majeda N. Alsabagh

Debtor

Majeda N. Alsabagh

Date July 11, 2008

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 29 of 37

Form B203

2005 USBC, Eastern District of Virginia

# United States Bankruptcy Court Eastern District of Virginia

In 1	e Majeda N. Alsabagh	Case No.	08-13252
	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSATION OF ATTORN	EY FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the compensation paid to me, for services rendered or to be rendered on behalf of the debte bankruptcy case is as follows:		
	For legal services, I have agreed to accept	\$	995.00
	Prior to the filing of this statement I have received.	\$	995.00
	Balance Due	\$	0.00
2.	The source of the compensation paid to me was:		
	$\blacksquare$ Debtor $\square$ Other (specify)		
3.	The source of compensation to be paid to me is:		
	$\blacksquare  \text{Debtor}   \Box  \text{Other} \left( specify \right)$		
4.	■ I have not agreed to share the above-disclosed compensation with any other person unle	ess they are memb	ers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the con		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determib. Preparation and filing of any petition, schedules, statement of affairs and plan which mac. Representation of the debtor at the meeting of creditors and confirmation hearing, and add. Other provisions as needed:  Negotiations with secured creditors to reduce to market value; exemption reaffirmation agreements and applications as needed; preparation and filing 522(f)(2)(A) for avoidance of liens on household goods.	ining whether to f y be required; ny adjourned hear planning; prepa	ile a petition in bankruptcy; rings thereof; aration and filing of
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following ser Representation of the debtors in any dischargeability actions, judicial lien other adversary proceeding.	vices: avoidances, rel	lief from stay actions or any

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 30 of 37

Form B203 - Continued

Date

Document Page 30 C

2005 USBC, Eastern District of Virginia

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 11, 2008	/s/ Nathan Fisher
Date	Nathan Fisher
	Signature of Attorney
	Nathan Fisher
	Name of Law Firm
	3977 Chain Bridge Rd., #2
	Fairfax, VA 22030
	(703) 691-1642

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$3,000 (For all Cases Filed on or after 10/17/2005)

NOTICE TO DEBTOR(S) AND STANDING TRUSTEE PURSUANT TO INTERIM PROCEDURE 2016-1(C)(7)

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C)(7)(a), you have ten (10) business days from the meeting of creditors in this case in which to file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount.

PROUF OF SERVICE
The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 Trustee
and U. S. Trustee pursuant to Interim Procedure 2016-1(C)(7)(a) and Local Bankruptcy Rule 2002-1(D)(1)(f), by first-class mail or electronically.

Signature of Attorney

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 31 of 37

B22A (Official Form 22A) (Chapter 7) (01/08)

In re M	Majeda N. Alsabagh			
	Debtor(s)			
Case Numb	per: <b>08-13252</b>			
	(If known)			

According to the calculations required by this statement:

 $\square$  The presumption arises.

**■** The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. EXCLUSION FOR DISABI	LEI	D VETERANS	Al	NI	O NON-C	ONS	UM	ER DEBTO	RS	
1.4	If you are a disabled veteran described in the Veter Declaration, (2) check the box for "The presumptio VIII. Do not complete any of the remaining parts o	n de	oes not arise" at the								
1A	□ <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).										
1B	If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.										
	☐ Declaration of non-consumer debts. By checking	ing 1	his box, I declare t	hat	my	y debts are n	ot prin	narily	consumer debt	s.	
	Part II. CALCULATION OF M	ON	THLY INCO	ME	ΞF	FOR § 707	<b>7</b> (b)(7	<b>7</b> ) E	XCLUSION		
2	<ul> <li>Marital/filing status. Check the box that applies at a. □ Unmarried. Complete only Column A ("Detb. □ Married, not filing jointly, with declaration of "My spouse and I are legally separated under a purpose of evading the requirements of § 707 (for Lines 3-11.</li> </ul>	ebto of se appl	r's Income'') for I eparate households. icable non-bankrup	ine By otcy	es 3 y cl y la	3-11. hecking this wor my spo	box, do	ebtor d I ar	declares under e living apart o	ther	than for the
	c. ■ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  d. □ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the  Debtor's Spouse's										
	six-month total by six, and enter the result on the appropriate line.  Income  Income										
3	Gross wages, salary, tips, bonuses, overtime, con	nmi	ssions.					\$	4,537.70	\$	1,743.30
4	Income from the operation of a business, profess enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate numb not enter a number less than zero. Do not include Line b as a deduction in Part V.	Lir ers	ne 4. If you operate and provide details part of the busine	on	ore an	than one attachment. penses enter	Do				
		_	Debtor	_		Spouse					
	a. Gross receipts b. Ordinary and necessary business expenses	\$	0.00				0.00				
	c. Business income		btract Line b from 1		e a		0.00	¢	0.00	¢.	0.00
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.  Debtor Spouse					0.00					
	a. Gross receipts	\$	0.00				0.00				
	b. Ordinary and necessary operating expenses	\$	0.00				0.00				
	c. Rent and other real property income	Su	btract Line b from l	Line	e a			\$	0.00	\$	0.00
6	Interest, dividends, and royalties.				\$	0.00	\$	0.00			
7	7 Pension and retirement income.					\$	0.00	\$	0.00		

	Any amounts paid by another person or entity, on a regular basis, for the household	Ī				
8	expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.	\$	0.00	\$	0.00	
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$	0.00	\$	0.00	
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	Debtor Spouse					
	a.					
	Total and enter on Line 10	\ \\$	0.00	\$	0.00	
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		4,537.70		1,743.30	
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11,					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSIO	N				
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the enter the result.	e numb	per 12 and \$		75,372.00	
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and h (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankru					
	a. Enter debtor's state of residence: VA b. Enter debtor's household size:		4 \$		80,646.00	
	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed.					
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VI	I.		es not	arise" at the	
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts	of this	statement.			

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

6 Enter the amou	nt from Line 12.	\$
Column B that we dependents. Spe	<b>tent.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, as NOT paid on a regular basis for the household expenses of the debtor or the debtor's cify in the lines below the basis for excluding the Column B income (such as payment of the lity or the spouse's support of persons other than the debtor or the debtor's dependents) and the	,
amount of incon not check box at a. b. c. d.	e devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did Line 2.c, enter zero.  \$ \$ \$ \$ \$ \$ \$	
amount of incon not check box at a. b. c.	e devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did Line 2.c, enter zero.  \$ \$ \$ \$ \$ \$ \$	\$

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="https://www.usdoi.gov/ust/">www.usdoi.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$					
19B	b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.  Household members under 65 years of age  Allowance per member  b1. Number of members  b2. Number of members						
	c1. Subtotal c2. Subtotal	\$					
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).	\$					
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter						
21	20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	\$					
22A	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  22A  D D D 1 D 2 or more.						
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards:  Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
22B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction fo						

Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)    1				_	
Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www_usdig_goviary for from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  B. Average Monthly Payment for any debts secured by Vehicle 1.  b. 1. as stated in Line 42  c. Net ownershiplease expense for Vehicle 1  Subtract Line b from Line a.  Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdig_govusig or from the clerk of the bankruptcy court; enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 24.  b. 2. as stated in Line 24.  Do not enter an amount less than zero.  25 Subtract Line b from Line a.  26 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, obter than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes, Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payofol deductions that are required for your employment, such as retirement contributions, mion dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(8) contributions.  Cother Necessary Expenses: education for employment. Enter the total average monthly payofor term in its insu		you claim an ownership/lease expense. (You may not claim an ownership/lease)			
Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line and enter the result in Line 23. Do not enter an amount less than zero.		□ 1 □ 2 or more.			
Average Monthly Payment for any debts secured by Vehicle	23	(available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>			
b. I., as stated in Line 42 c. Net ownershiplease expense for Vehicle 1 Subtract Line b from Line a.  Local Standards: transportation ownershiplease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42. Subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2. as stated in Line 42.  Subtract Line b from Line a.  Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as returnent contributions, union dues, and uniform costs. Do not include discretionary amounts, such as returnent contributions, union dues, and uniform costs. Do not include discretionary amounts, such as returnent contributions, union dues, and uniform costs. Do not include discretionary amounts, such as returnent contributions, union dues, and uniform costs. Do not include discretionary amounts, such as returnent contributions.  Other Necessary Expenses: court-ordered payments. Enter the total average monthly amount that you actually payments on past due oblig		a. IRS Transportation Standards, Ownership Costs	\$		
Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2. as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs   Average Monthly Payment for any debts secured by Vehicle   S. Subtract Line b from Line a.		Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42			
the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust2 or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs		c. Net ownership/lease expense for Vehicle 1	\$		
Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 C. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.  Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. E	24	the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter			
b.   2, as stated in Line 42   S   Subtract Line b from Line a.   S			\$		
C. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.  Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or aslest taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of t			\$		
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance o		,	Subtract Line b from Line a.	\$	
deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs.  Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your depe	25	state and local taxes, other than real estate and sales taxes, such as inc	come taxes, self employment taxes, social	\$	
27   life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.   S	26	deductions that are required for your employment, such as retirement	contributions, union dues, and uniform costs.	\$	
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	27	life insurance for yourself. <b>Do not include premiums for insurance</b>		\$	
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Start Text Text Text Text Text Text Text Tex	28	pay pursuant to the order of a court or administrative agency, such as			
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  \$	29	the total average monthly amount that you actually expend for educati education that is required for a physically or mentally challenged depo			
health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  \$	30		\$		
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	31	health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of			
	32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and			
Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	33	Total Expenses Allowed under IRS Standards. Enter the total of L	ines 19 through 32.		

#### **Subpart B: Additional Living Expense Deductions** Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. 34 Health Insurance \$ \$ b. Disability Insurance \$ Health Savings Account Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically 35 ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you 36 actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case 37 trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary 38 school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National 39 Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or 40 financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 41

		S	ubpart C: Deductions for De	bt Payment			
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	·	include taxes or insurance?		
	a.			\$ Total: Add Lines	□yes □no	\$	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the						
	a.			\$ T	otal: Add Lines	\$	
44	priori		ims. Enter the total amount, divided b claims, for which you were liable at t as those set out in Line 28.	y 60, of all priority cl	aims, such as	\$	
45	a. b.	Projected average monthly Ch Current multiplier for your dis issued by the Executive Office	trict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	Chapter 13, complete sulting administrative  \$  x  Total: Multiply Line	expense.	\$	
46	Total	Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.		\$	
		St	ubpart D: Total Deductions f	rom Income			
47	Total	of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$	
		Part VI. DE	TERMINATION OF § 707(b	o)(2) PRESUMP	ΓΙΟΝ		
48	Ente	r the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)	))		\$	
49	Ente	r the amount from Line 47 (Tota	al of all deductions allowed under §	707(b)(2))		\$	
50	Mon	thly disposable income under §	<b>707(b)(2).</b> Subtract Line 49 from Line	e 48 and enter the resu	ılt.	\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.						
	Initia	al presumption determination. (	theck the applicable box and proceed	as directed.			
52	☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
	The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.						
			\$6,575, but not more than \$10,950.	Complete the remaine	der of Part VI (Line	es 53 through 55).	
53		r the amount of your total non-p				\$	
54	Thre	shold debt payment amount. Mi	ultiply the amount in Line 53 by the ni	umber 0.25 and enter	the result.	¢	

Case 08-13252-SSM Doc 20 Filed 07/11/08 Entered 07/11/08 02:05:38 Desc Main Document Page 37 of 37

B22A (Official Form 22A) (Chapter 7) (01/08)

7

	Secondary presumption determination. Check the	applicable box and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.							
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.							
	Part VII. ADD	DITIONAL EXPENSE CLAIMS						
	you and your family and that you contend should be	enses, not otherwise stated in this form, that are required for the health and welfare of an additional deduction from your current monthly income under § ces on a separate page. All figures should reflect your average monthly expense for						
56	Expense Description	Monthly Amount						
	a.	\$						
	b.	\$						
	c. d.	\$						
		Add Lines a, b, c, and d \$						
	Part	VIII. VERIFICATION						
	I declare under penalty of perjury that the information must sign.)	n provided in this statement is true and correct. (If this is a joint case, both debtors						
57	Date: July 11, 2008	Signature: /s/ Majeda N. Alsabagh						
37		Majeda N. Alsabagh (Debtor)						